

S DUANE LEWIS  
Account Number: XXXX XXXX XXXX

Billing Questions:  
800-854-7642

Website:  
www.24-7cardaccess.com

Send Billing Inquiries To:  
P.O. Box 2988, Omaha, NE, 68103

FARMERS AND MERCHANTS BANK OF SC Credit Card Account Statement  
August 11, 2017 to September 8, 2017

SUMMARY OF ACCOUNT ACTIVITY

Previous Balance	\$60.44
- Payments	\$133.54
- Other Credits	\$0.00
+ Purchases	\$465.50
+ Cash Advances	\$0.00
+ Fees Charged	\$0.00
+ Interest Charged	\$0.00
= New Balance	\$392.40

Account Number XXXX XXXX XXXX 0139  
Credit Limit \$4,000.00  
Available Credit \$3,146.00  
Statement Closing Date September 8, 2017  
Days in Billing Cycle 29

PAYMENT INFORMATION

New Balance: \$392.40  
Minimum Payment Due: \$10.00  
Payment Due Date: October 4, 2017

42101-5560 \$360.50 Finance Check  
Check Attached #657 30.00  
Check Attached #1479 75.00  
\$465.50

MESSAGES

Privacy Notice - Federal law requires us to tell you how we collect, share, and protect your personal information. Our privacy policy has not changed and you may review our policy and practices with respect to your personal information at www.24-7cardaccess.com or we will mail you a free copy upon request if you call us at 1-800-854-7642.

\* \$73.10 was posted to this account in error.  
\$52.25 should have gone to J. Baker's Acct. &  
\$20.85 should have gone to M. Chens. Acct.  
Card Services to correct. Pay Purchase Amount.

SEP 25 2017

NOTICE: See reverse side of page 1 for important information.

5106 0001 JRH 001 7 5 170908 0 PAGE 1 of 2 10 1485 0000 BSI 01AB5106 14818

FARMERS AND MERCHANTS BANK OF SC  
PO BOX 723847  
ATLANTA GA 31139-0847

Account Number: XXXX XXXX XXXX  
New Balance: \$392.40  
Minimum Payment Due: \$10.00  
Payment Due Date: October 4, 2017

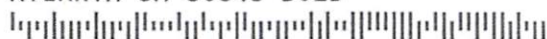
Please complete and enclose the bottom portion for proper credit.

Amount Enclosed: \$

☐ Indicate name or address change on reverse side and check here.

Make Check Payable to:

CARD SERVICES CENTER  
PO BOX 105025  
ATLANTA GA 30348-5025



Payments received at other than the address shown on the front of this statement may be subject to a delay in crediting of up to 5 days after the date of receipt.

S DUANE LEWIS 14818  
BERKELEY CO SHER DEPT H109  
PO BOX 6122  
MONCKS CORNER SC 29461-6120

559494006140013900001000000392400

S DUANE LEWIS  
Account Number: XXXX XXXX XXXX

TRANSACTIONS

An amount followed by a minus sign (-) is a credit unless otherwise indicated.

Tran Date	Post Date	Reference Number	Transaction Description	Amount
08/31	08/31	85421207L00XTN6NJ	PAYMENT - THANK YOU	\$10.00-
08/31	08/31	85421207T00Y318J4	PAYMENT - THANK YOU	\$123.54-
08/23	08/23	85504997QS66MN49P	WATERS EDGE RESTAURANT MT. PLEASANT SC	\$364.97
09/05	09/05	05410197TBJ79A90M	LONGHORN STEAK00050765 COLUMBIA SC	\$39.73
09/06	09/06	85183417SS66LMLXH	RUTHS CHRIS STEAKHOUSE COLUMBIA SC	\$60.80

INTEREST CHARGE CALCULATION

Your Annual Percentage Rate (APR) is the annual interest rate on your account

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Days in Billing Cycle	Interest Charge
Purchases	14.49% (v)	\$0.00	29	\$0.00
Cash Advances	20.49% (v)	\$0.00	29	\$0.00

(v) - variable

You can avoid additional interest on purchases by paying the New Balance in full by the payment due date. Payments received at other than the address shown on the front of this statement may be subject to a delay in crediting of up to 5 days after the date of receipt. Payments and credits are effective as of the post date shown on this statement.

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SEP 25 2017

NOTICE: See reverse side of page 1 for important information.

DEU Detectives

Meeting

W/ Sheriff  
Hickman  
Barlow

Dinner for Narcotics Detectives  
for working multiple drug cases  
and arrest.

\*\*\*\*\*  
DATE 8/23/17 TIME 7:42:57PM  
MID 820006421160

Water's Edge  
PLEASE SIGN AND LEAVE THE MERCHANT COPY  
THE CUSTOMER COPY IS YOURS TO KEEP

MASTER XXXXXXXXXXXX S  
AUTH 02373C TBL 44 CHECK 1020521  
PRE-AUTH DINING DINING 1

Transaction Key: KIK005672993861

MOUNT 274.75  
TAX 30.22

SUBTOTAL \$ 304.97

TIP \$ 60.00

TOTAL \$ 364.97  
=====

CUSTOMER COPY

\*\*\*\*\*

42101-5560

check attached  
#1479

304.97

+ 60.00  
364.97

SEP 25 2017

1. The first part of the report is a summary of the work done during the year.

2. The second part is a detailed account of the experiments carried out.

3. The third part is a discussion of the results obtained and their significance.

4. The fourth part is a conclusion drawn from the work.

5. The fifth part is a list of references.

6. The sixth part is a list of symbols and abbreviations.

7. The seventh part is a list of figures.

8. The eighth part is a list of tables.

GOV. MCMASTER OPIOID Summit

Columbia, SC

LongHorn 5076

902-A Gervais St

Columbia, SC 29201

Check #: 52913

Table 30

Kelley

08:58 PM 09/05/2017

Gst 1

Transaction #: 142095316

ID # 0814 73118 1648

\*\*\*\*\*

\* We value your opinion. Please \*  
\* tell us about your dining \*  
\* experience by completing an \*  
\* online survey within 7 days of \*  
\* your visit. You could win a \*  
\* \$1,000 Grand Prize or 1 of 100 \*  
\* \$50 prizes. Winners are drawn \*  
\* monthly!! \*  
\* \*  
\* To complete the survey and enter \*  
\* the contest, go to \*  
\* [www.LongHornSurvey.com](http://www.LongHornSurvey.com) and enter \*  
\* the ID on this receipt. \*  
\* NO PURCHASE NECESSARY. Void where \*  
\* prohibited. See Official Rules at \*  
\* [www.LongHornSurvey.com](http://www.LongHornSurvey.com). \*  
\* \*  
\* Valoramos su opinión. Complete la \*  
\* encuesta sobre su experiencia \*  
\* gastronómica en \*  
\* [www.LongHornSurvey.com](http://www.LongHornSurvey.com). \*  
\* \*\*\*\*\*

(OFFER EXPIRES Sep 12, 2017)

Card Number  
XXXXXXXXXXXX

Auth Code  
00512C  
Master Card

Check Amount 32.73

Tip Not Included

7.00

Suggested tip amounts 20% - \$6.55  
are provided for your 18% - \$5.89  
convenience. 15% - \$4.91

Tip.....

7.00

Total...

39.73

X *S. Diane Lewis*

Cardmember agrees to pay total in  
accordance with agreement governing  
use of such card.

Guest Copy

42101-5560

\$ 32.73

check attached  
#1479

+ 7.00  
\$ 39.73

SEP 25 2017



SEE check # 657

A30.00



924 Senate Street  
Columbia, SC 29201  
(803)212-6666

Date: Sep06'17 07:35PM  
Card Type: Mastercard  
Acct #: XXXXXXXXXXXX  
Card Entry: SWIPED  
Trans Type: PURCHASE  
Trans Key: III005722612012  
Auth Code: 00620C  
Check: 9651  
Table: 504/1  
Server: 422 Night Ba

Subtotal: 52.80

Gratuity:

Total:

Signature

I agree to pay above total  
according to my card issuer  
agreement.

\*\*\* Guest Copy \*\*\*

Gov. McMASTER OPIOID Summit  
Columbia, S.C. MWD Sheriff's  
Dinner

42101-5560 \* 22.80  
check attached 8.00  
#1479  
check attached + 30.00  
#657 \* 60.80

SEP 25 2017

S DUANE LEWIS  
Account Number: XXXX XXXX XXXX

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FARMERS AND MERCHANTS BANK OF SC Credit Card Account Statement  
September 9, 2017 to October 10, 2017

SUMMARY OF ACCOUNT ACTIVITY

Previous Balance	\$392.40
- Payments	\$465.50
- Other Credits	\$0.00
+ Purchases	\$598.66
+ Cash Advances	\$0.00
+ Fees Charged	\$0.00
+ Interest Charged	\$0.00
= New Balance	\$525.56
Account Number	XXXX XXXX XXXX 0139
Credit Limit	\$4,000.00
Available Credit	\$3,474.00
Statement Closing Date	October 10, 2017
Days in Billing Cycle	32

PAYMENT INFORMATION

New Balance:	\$525.56
Minimum Payment Due:	\$13.00
Payment Due Date:	November 4, 2017

42101-5392      \$445.44  
42101-5560      + 64.12  
                    \$509.56      Finance check  
Check Attached (3)      + 16.00  
#1487                      \$525.56

  
OCT 24 2017

MESSAGES

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5106 0001 JRH 001 7 5 171010 0 PAGE 1 of 2 10 1485 0000 BS1 01AB5106 16116

FARMERS AND MERCHANTS BANK OF SC  
PO BOX 723847  
ATLANTA GA 31139-0847

Account Number: XXXX XXXX XXXX  
New Balance: \$525.56  
Minimum Payment Due: \$13.00  
Payment Due Date: November 4, 2017

Please complete and enclose the bottom portion for proper credit.

Amount Enclosed: \$

☐ Indicate name or address change on reverse side and check here.

Make Check Payable to:

CARD SERVICES CENTER  
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ATLANTA GA 30348-5025



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S DUANE LEWIS  
BERKELEY CO SHER DEPT 16116  
PO BOX 6122 H110  
MONCK'S CORNER SC 29461-6120



559494006140013900001300000525565

S DUANE LEWIS

Account Number: XXXX XXXX XXXX

**TRANSACTIONS**

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Tran Date	Post Date	Reference Number	Transaction Description	Amount
09/30	09/30	85421208H00XS4H2D	PAYMENT - THANK YOU	\$465.50-
09/08	09/09	25247807W019N656T	HILTON COLUMBIA CENTER COLUMBIA SC	\$445.44 ✓
		CHECK-IN 09/05/17	FOLIO #00004998	
09/13	09/13	5548077802LXX62XT	VINNYS PIZZA GOOSE CREEK SC	\$28.47 ✓
09/21	09/21	F14850088000LM504	8/31 PAYMENT ADJUSTMENT	\$20.85
09/21	09/21	F14850088000LM504	8/31 PAYMENT ADJUSTMENT	\$52.25
09/26	09/26	85180898EWGSZY45R	ITALIAN BISTRO SUMMERVILLE SC	\$51.65 ✓

**INTEREST CHARGE CALCULATION**

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Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Days in Billing Cycle	Interest Charge
Purchases	14.49% (v)	\$0.00	32	\$0.00
Cash Advances	20.49% (v)	\$0.00	32	\$0.00

(v) - variable

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ATLANTA, GA 30348-5025

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HILTON COLUMBIA CENTER  
924 Senate Street | Columbia, SC | 29201  
T: 803 744 7800 | F: 803 744 7777  
W: hilton.com

NAME AND ADDRESS:

LEWIS, DUANE  
223 NORTH LIVE OAK DRIVE  
MONCK'S CORNER SC 29461  
UNITED STATES OF AMERICA

Room: 615/K1  
Arrival Date: 9/5/2017 6:51:00 PM  
Departure Date: 9/7/2017 7:18:00 AM

Adult/Child: 1/0  
Room Rate: 184.00

Rate Plan: PGBB01  
HH #  
AL:  
Car:



Confirmation Number: 3372365048

9/7/2017

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
9/5/2017	SELF PARKING	MMOON	2000105	\$12.00		
9/5/2017	STATE SALES TAX	MMOON	2000105	\$0.72		
9/5/2017	LOCAL OPTION TAX	MMOON	2000105	\$0.12		
9/5/2017	TRANSPORTATION TAX	MMOON	2000105	\$0.12		
9/5/2017	GUEST ROOM	MMOON	2000106	\$184.00		
9/5/2017	TAXES	MMOON	2000106	\$25.76		
9/6/2017	SELF PARKING	MMOON	2000718	\$12.00		
9/6/2017	STATE SALES TAX	MMOON	2000718	\$0.72		
9/6/2017	LOCAL OPTION TAX	MMOON	2000718	\$0.12		
9/6/2017	TRANSPORTATION TAX	MMOON	2000718	\$0.12		
9/6/2017	GUEST ROOM	MMOON	2000719	\$184.00		
9/6/2017	TAXES	MMOON	2000719	\$25.76		
9/7/2017	MC	IKING128	2000871		(\$445.44)	
	**BALANCE**					\$0.00

Gov. McMaster O P 1010 Summit  
Columbia, SC

42101-5392

197

ACCOUNT NO.

DATE OF CHARGE

FOLIO NO./CHECK NO.  
499895 A

CARD MEMBER NAME

AUTHORIZATION

INITIAL

ESTABLISHMENT NO. & LOCATION

ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT

"IF YOU ARE NOT COMPLETELY SATISFIED WITH YOUR STAY, LET  
US KNOW AND WE'LL MAKE IT RIGHT." -HILTON'S MAKE IT RIGHT  
PROMISE

PURCHASES & SERVICES

TAXES

TIPS & MISC.

TOTAL AMOUNT

-445.44

PAYMENT DUE UPON RECEIPT

CARD MEMBER'S SIGNATURE

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND



**VINNYS PIZZA**

214 SAINT JAMES AVE, Suite 100  
GOOSE CREEK, SC 29445  
8438182312

**ORDER: F017676**  
**DINE IN**

Cashier: Bonnie Z  
12-Sep-2017 12:03:41P

Transaction 005300

1 2 SLICE LUNCH SPECIAL \$5.99  
Sausage \$0.75

1 STROMBOLI \$7.99  
1 SPECIALTY SLICE \$3.99  
2 FOUNTAIN DRINK \$3.98

Subtotal \$22.70  
Military Discount (\$2.27)  
Tax \$2.04

Total \$22.47

CREDIT CARD AUTH \$22.47  
MASTERCARD :

Tip 6.00

Total \$28.47

Retain this copy for statement validation

Station: FRONT COUNTER

12-Sep-2017 12:05:05P

\$22.47 | Method: EMV

MASTERCARD XXXXXXXXXXXX0139

Ref #: 725500575400 | Auth #: 01213C

MID: \*\*\*\*\*7995

AID: A0000000041010

AthNtwkNm: MASTERCARD

SIGNATURE VERIFIED

Order FNN7TS9J9TJHT

LUNCH: Meeting  
CHIEF DENNIS TURNER  
CITY MANAGER  
JOHNNY CRIBB

CITY of HANNAH

42101-5560 \$22.47  
Check Attached 6.00  
\$28.47

Lunch for Bike Patrol  
+ Depurres working  
in Sangre.

Italian Bistro  
1625 N Main St Suite 105  
Summerville, SC 29483  
(843) 832-6001

09/26/2017 12:44:01  
Merchant ID: \*\*\*\*\*8651  
Device ID: 062  
Terminal ID: PPX11

Credit Sale:

Transaction #: 4  
Card Type: MasterCard  
Account: \*\*\*\*\*  
Entry: Chip  
Server #: 1

Amount: \$41.65

TIP: \$10.00

Total: \$51.65

STAN: 004  
Auth. Code: 02624  
Response: AUTH/TK  
TRANS ID: MCBTCLHRA0926

Mode: Issuer  
AID: A0000000041010  
TVR: 0000000000  
IAD: 0110689001220000C9B7000000000000  
00FF

TSI: E800  
ARC: 00

CUSTOMER COPY

See  
Back

Thank you!

42101-5560 \$41.65  
Check Attached + 10.00  
\$51.65

S DUANE LEWIS  
Account Number: XXXX XXXX XXXX (

Billing Questions:  
800-854-7642

Website:  
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Send Billing Inquiries To:  
P.O. Box 2988, Omaha, NE, 68103

FARMERS AND MERCHANTS BANK OF SC Credit Card Account Statement  
October 11, 2017 to November 9, 2017

SUMMARY OF ACCOUNT ACTIVITY

Previous Balance	\$525.56
- Payments	\$525.56
- Other Credits	\$0.00
+ Purchases	\$125.13
+ Cash Advances	\$0.00
+ Fees Charged	\$0.00
+ Interest Charged	\$0.00
= New Balance	\$125.13
Account Number	XXXX XXXX XXXX 0139
Credit Limit	\$4,000.00
Available Credit	\$3,874.00
Statement Closing Date	November 9, 2017
Days in Billing Cycle	30

PAYMENT INFORMATION

New Balance:	\$125.13
Minimum Payment Due:	\$10.00
Payment Due Date:	December 4, 2017

42101-5560 \$120.13 Finance Check  
Check Attached 5.00  
#1495 \$125.13

MESSAGES

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NOV 27 2017

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5106 0001 JRH 001 7 5 171109 0 PAGE 1 of 2 10 1485 0000 BSI 01AB5106 16424

FARMERS AND MERCHANTS BANK OF SC  
PO BOX 723847  
ATLANTA GA 31139-0847

Account Number: XXXX XXXX XXXX ( )  
New Balance: \$125.13  
Minimum Payment Due: \$10.00  
Payment Due Date: December 4, 2017

Please complete and enclose the bottom portion for proper credit.

Amount Enclosed: \$

☐ Indicate name or address change on reverse side and check here.

Make Check Payable to:

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PO BOX 105025  
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S DUANE LEWIS 16424  
BERKELEY CO SHER DEPT  
PO BOX 6122 H111  
MONCK'S CORNER SC 29461-6120



559494006140013900001000000125131



S DUANE LEWIS  
Account Number: XXXX XXXX XXXX I

**TRANSACTIONS**

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Tran Date	Post Date	Reference Number	Transaction Description	Amount
10/28	10/28	85421209F00XTV579	PAYMENT - THANK YOU	\$16.00-
10/28	10/28	85421209J00Y30LX1	PAYMENT - THANK YOU	\$445.44-
10/28	10/28	85421209J00Y30LZ2	PAYMENT - THANK YOU	\$64.12-
10/13	10/13	55500808Y60T2JMS6	THE BARONY HOUSE MONCKS CORNER SC	\$48.29 ✓
10/31	10/31	55500809G60T2JMNH	THE BARONY HOUSE MONCKS CORNER SC	\$76.84 ✓

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Cash Advances	20.49% (v)	\$0.00	30	\$0.00

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NOV 27 2017

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Meeting With:  
 Superintendent BC Schools  
 Eddie Ingram  
 Principal Shameka  
 Washington  
 Attorney Josh Whitler

THE BARONY HOUSE  
 401 ALTMAN STREET  
 MONCK'S CORNER, SC 29461  
 10/13/2017 13:37:50

CREDIT CARD  
 MC SALE

Card # XXXXXXXXXXXXX  
 Network: MASTERCARD  
 Chip Card: MASTERCARD  
 AID: A0000000041010  
 ATC: 0008  
 TC: 48BF19112D02E45A  
 SEQ #: 31  
 Batch #: 28  
 INVOICE 31  
 SERVER 0006  
 Approval Code: 01359C  
 Entry Method: Chip Read  
 Mode: Issuer

PRE-TIP AMT \$43.29  
 TIP 5.00  
 TOTAL AMOUNT \$48.29

CUSTOMER COPY

See Back

42101-5560 \* 43.29  
 Check attached  
 # 5.00  
 \* 48.29

NOV 27 2017

THE BARONY HOUSE  
401 ALTMAN STREET  
MONCKS CORNER, SC 29461

10/31/2017

12:40:10

CREDIT CARD

MC SALE

Card # XXXXXXXXXXXXX  
Network: MASTERCARD  
Chip Card: MASTERCARD  
AID: A0000000041010  
ATC: 0009  
TC: 69E9B7097F5CBAB9  
SEQ #: 20  
Batch #: 307  
INVOICE 20  
SERVER 0006  
Approval Code: 03150G  
Entry Method: Chip Read  
Mode: Issuer

PRE-TIP AMT \$76.84

TIP

TOTAL AMOUNT \$76.84

CUSTOMER COPY

See BACK

Lunch Meeting  
w/ Chief Newsome  
MAJ. BAUER, MAJ. GRABHAM  
Tommy Blackwood  
NICK AULY

42101-5560 #76.84

NOV 27 2017



S DUANE LEWIS  
Account Number: XXXX XXXX XXXX I

Billing Questions:  
800-854-7642

Website:  
www.24-7cardaccess.com

Send Billing Inquiries To:  
P.O. Box 2988, Omaha, NE, 68103

FARMERS AND MERCHANTS BANK OF SC Credit Card Account Statement  
December 11, 2017 to January 10, 2018

SUMMARY OF ACCOUNT ACTIVITY

Previous Balance	\$0.00
- Payments	\$0.00
- Other Credits	\$0.00
+ Purchases	\$23.20
+ Cash Advances	\$0.00
+ Fees Charged	\$0.00
+ Interest Charged	\$0.00
= New Balance	\$23.20

Account Number XXXX XXXX XXXX 0139  
Credit Limit \$4,000.00  
Available Credit \$3,976.00  
Statement Closing Date January 10, 2018  
Days in Billing Cycle 31

PAYMENT INFORMATION

New Balance: \$23.20  
Minimum Payment Due: \$10.00  
Payment Due Date: February 4, 2018

Check attached (2) \$23.20  
# 1517

*[Signature]* JAN 25 2018

MESSAGES

Privacy Notice - Federal law requires us to tell you how we collect, share, and protect your personal information. Our privacy policy has not changed and you may review our policy and practices with respect to your personal information at www.24-7cardaccess.com or we will mail you a free copy upon request if you call us at 1-800-854-7642.

TRANSACTIONS

An amount followed by a minus sign (-) is a credit unless otherwise indicated.

Tran Date	Post Date	Reference Number	Transaction Description	Amount
01/04	01/04	5531020QL61KHJMJZ	WAFFLE HOUSE 2041 GOOSE CREEK SC	\$23.20

NOTICE: See reverse side of page 1 for important information.

5106 0001 JRH 001 7 5 180110 0 PAGE 1 of 2 10 1485 0000 BS1 01AB5106 14071

FARMERS AND MERCHANTS BANK OF SC  
PO BOX 723847  
ATLANTA GA 31139-0847



Account Number: XXXX XXXX XXXX C  
New Balance: \$23.20  
Minimum Payment Due: \$10.00  
Payment Due Date: February 4, 2018

Please complete and enclose the bottom portion for proper credit.

Amount Enclosed: \$

23.20

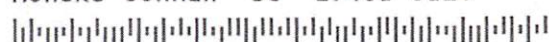
☐ Indicate name or address change on reverse side and check here.

Make Check Payable to:

CARD SERVICES CENTER  
PO BOX 105025  
ATLANTA GA 30348-5025

Payments received at other than the address shown on the front of this statement may be subject to a delay in crediting of up to 5 days after the date of receipt.

S DUANE LEWIS 14071  
BERKELEY CO SHER DEPT  
PO BOX 6122 H101  
MONCK'S CORNER SC 29461-6120



559494006140013900001000000023203



S DUANE LEWIS  
Account Number: XXXX XXXX XXXX

### INTEREST CHARGE CALCULATION

Your Annual Percentage Rate (APR) is the annual interest rate on your account

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Days in Billing Cycle	Interest Charge
Purchases	14.49% (v)	\$0.00	31	\$0.00
Cash Advances	20.49% (v)	\$0.00	31	\$0.00

(v) - variable

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Are you making your payment through an online Bill Pay service? Look for the Payee "Card Assets" for faster delivery of your payment.

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CARD SERVICES CENTER

PO BOX 105025

ATLANTA, GA 30348-5025

For more information about your account, please contact us at: 1-800-854-7642  
to speak to a live representative (24 hours/7 days).

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NOTICE: See reverse side of page 1 for important information.



## INTER OFFICE MEMORANDUM

---

DATE: January 24, 2018

TO: Melanie Cheers, Chief Administrator

FROM: Sheriff S. Duane Lewis

REF: Receipt for Waffle House \$23.20 on 1/4/2018

A small, handwritten blue mark, possibly initials, consisting of a circle with a diagonal line through it.

On January 4, 2018, I made a purchase at the Waffle House. The receipt for \$23.20 was misplaced and will be turned in immediately if found.

A handwritten signature in blue ink, which appears to read "Melanie".





S DUANE LEWIS

Account Number: XXXX XXXX XXXX

## Billing Questions:

800-854-7642

## Website:

www.24-7cardaccess.com

## Send Billing Inquiries To:

P.O. Box 2988, Omaha, NE, 68103

FARMERS AND MERCHANTS BANK OF SC Credit Card Account Statement  
January 11, 2018 to February 7, 2018

## SUMMARY OF ACCOUNT ACTIVITY

Previous Balance	\$23.20
- Payments	\$23.20
- Other Credits	\$0.00
+ Purchases	\$285.00
+ Cash Advances	\$0.00
+ Fees Charged	\$0.00
+ Interest Charged	\$0.00
= New Balance	\$285.00

Account Number XXXX XXXX XXXX 0139  
Credit Limit \$4,000.00  
Available Credit \$3,715.00  
Statement Closing Date February 7, 2018  
Days in Billing Cycle 28

## PAYMENT INFORMATION

New Balance: \$285.00  
Minimum Payment Due: \$10.00  
Payment Due Date: March 4, 2018

42101-5392

\*285.00 Finance Check

FEB 22 2018

## MESSAGES

Privacy Notice - Federal law requires us to tell you how we collect, share, and protect your personal information. Our privacy policy has not changed and you may review our policy and practices with respect to your personal information at www.24-7cardaccess.com or we will mail you a free copy upon request if you call us at 1-800-854-7642.

## TRANSACTIONS

An amount followed by a minus sign (-) is a credit unless otherwise indicated.

Tran Date	Post Date	Reference Number	Transaction Description	Amount
02/01	02/01	8542120DG00XTWAQN	PAYMENT - THANK YOU	\$23.20-
01/27	01/27	5543286DQ5V3H4EYP	EMBASSY SUITES COLUMBI COLUMBIA SC	\$285.00
		CHECK-IN 01/24/18	FOLIO #009071	

NOTICE: See reverse side of page 1 for important information.

5106 0001 JRH 001 7 5 180207 0

PAGE 1 of 2

10 1485 0000 BSI 01AB5106

11940

FARMERS AND MERCHANTS BANK OF SC  
PO BOX 723847  
ATLANTA GA 31139-0847



Account Number: XXXX XXXX XXXX

New Balance: \$285.00

Minimum Payment Due: \$10.00

Payment Due Date: March 4, 2018

Please complete and enclose the bottom portion for proper credit.

Amount Enclosed: \$

☐ Indicate name or address change on reverse side and check here.

Make Check Payable to:

CARD SERVICES CENTER  
PO BOX 105025  
ATLANTA GA 30348-5025



Payments received at other than the address shown on the front of this statement may be subject to a delay in crediting of up to 5 days after the date of receipt.

S DUANE LEWIS 11940  
BERKELEY CO SHER DEPT  
PO BOX 6122 M202  
MONCK'S CORNER SC 29461-6120



559494006140013900001000000285000



S DUANE LEWIS

Account Number: XXXX XXXX XXXX

ANNUAL FEE TO BE BILLED NEXT STATEMENT: \$10.00  
ANNUAL PERCENTAGE RATE: SEE BELOW GRACE PERIOD: 25 DAYS  
MINIMUM FINANCE CHARGE: NONE TRANSACTION FEE: NONE  
INTEREST IS CHARGED ON THE AVERAGE DAILY BALANCE (INCLUDING  
NEW PURCHASES). IF YOU WISH TO CANCEL YOUR ACCOUNT TO AVOID  
PAYING THE ANNUAL FEE, WRITE US WITHIN 30 DAYS OF THE ANNUAL  
FEE POSTING. IF YOU NOTIFY US THAT YOU WISH TO CANCEL YOUR  
ACCOUNT, YOU MAY USE YOUR CARDS DURING THE 30 DAY PERIOD  
WITHOUT PAYING THE ANNUAL FEE, BUT AFTER THAT 30 DAYS YOU  
MUST RETURN THE CARDS TO US. YOU MAY THEN PAY YOUR BALANCE  
IN MINIMUM MONTHLY PAYMENTS.

### INTEREST CHARGE CALCULATION

Your Annual Percentage Rate (APR) is the annual interest rate on your account

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Days in Billing Cycle	Interest Charge
Purchases	14.49% (v)	\$0.00	28	\$0.00
Cash Advances	20.49% (v)	\$0.00	28	\$0.00

(v) - variable

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In order to ensure timely application of your payment, please remit payments to the following address:

CARD SERVICES CENTER

PO BOX 105025

ATLANTA, GA 30348-5025

For more information about your account, please contact us at: 1-800-854-7642  
to speak to a live representative (24 hours/7 days).

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DOWNLOAD YOUR E-STATEMENT EVERY MONTH. GET YOUR STATEMENT QUICKER, INCREASE THE  
SECURITY OF YOUR ACCOUNT BY NOT RECEIVING YOUR STATEMENTS IN THE MAIL, AND SAVE PAPER  
BY ENROLLING WITH E-STATEMENTS TODAY!

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**EMBASSY  
SUITES**  
by HILTON

200 Stoneridge Drive • Columbia, SC 29210  
Phone (803) 252-8700 • Fax: (803) 256-8749  
For reservations across the nation  
www.embassysuites.com or 1-800-EMBASSY

Name & Address

Lewis, Duane

Suite 105/TDBN  
Arrival Date 1/24/2018 3:53:00 PM  
Departure Date 1/26/2018

Adult/Child 1/0  
Suite Rate 125.00

Rate Plan: SHR  
HH #  
AL:  
Car:

*Folio*

Confirmation Number: 81115144

1/26/2018

**H HONORS**  
HILTON WORLDWIDE

DATE	REFERENCE	DESCRIPTION	AMOUNT
1/24/2018	3739961	GUEST ROOM	\$125.00
1/24/2018	3739961	STATE TAX	\$8.75
1/24/2018	3739961	CITY TAX	\$6.25
1/24/2018	3739961	DESTINATION MARKETING FEE	\$2.50
1/25/2018	3740515	GUEST ROOM	\$125.00
1/25/2018	3740515	STATE TAX	\$8.75
1/25/2018	3740515	CITY TAX	\$6.25
1/25/2018	3740515	DESTINATION MARKETING FEE	\$2.50
1/26/2018	3740809	MC *	(\$285.00)
		**BALANCE**	\$0.00
<b>EXPENSE REPORT SUMMARY</b>			
		1/24/2018 1/25/2018 STAY TOTAL	
		ROOM AND TAX \$142.50 \$142.50 \$285.00	
		DAILY TOTAL \$142.50 \$142.50 \$285.00	

*SC Sheriff's Assoc.  
Winter Conference*

ACCOUNT NO. MC *	DATE OF CHARGE 1/26/2018	FOLIO NO./CHECK NO. 907124 A
CARD MEMBER NAME Lewis, Duane	AUTHORIZATION 02456G	INITIAL
ESTABLISHMENT NO. & LOCATION	PURCHASES & SERVICES	
	TAXES	
	TIPS & MISC.	
CARD MEMBER'S SIGNATURE <b>X</b>	TOTAL AMOUNT	-285.00

W  
WALDORF  
ASTORIA  
HOTEL

CONRAD  
HOTELS & RESORTS

Hilton  
HOTELS & RESORTS

DOUBLETREE  
BY HILTON

EMBASSY  
SUITES

Hilton  
Garden Inn

Hampton

HOMEWOOD  
SUITES

HOME2  
BY HILTON

Hilton  
Grand Vacations





S DUANE LEWIS

Account Number: XXXX XXXX XXXX

Billing Questions:

800-854-7642

Website:

www.24-7cardaccess.com

Send Billing Inquiries To:

PO Box 2988, Omaha, NE 68103-2988

FARMERS AND MERCHANTS BANK OF SC Credit Card Account Statement  
March 10, 2018 to April 9, 2018

## SUMMARY OF ACCOUNT ACTIVITY

Previous Balance	\$0.00
- Payments	\$0.00
- Other Credits	\$0.00
+ Purchases	\$39.65
+ Cash Advances	\$0.00
+ Fees Charged	\$0.00
+ Interest Charged	\$0.00
= New Balance	\$39.65

Account Number XXXX XXXX XXXX 0139  
Credit Limit \$4,000.00  
Available Credit \$3,960.00  
Statement Closing Date April 9, 2018  
Days in Billing Cycle 31

## PAYMENT INFORMATION

New Balance: \$39.65  
Minimum Payment Due: \$10.00  
Payment Due Date: May 4, 2018

42101-5560 \$34.65 Finance Check  
Check Attached (D) + 5.00  
(#1546) \$39.65

072318  
4-23-18

## MESSAGES

Privacy Notice - Federal law requires us to tell you how we collect, share, and protect your personal information. Our privacy policy has not changed and you may review our policy and practices with respect to your personal information at www.24-7cardaccess.com or we will mail you a free copy upon request if you call us at 1-800-854-7642.

## TRANSACTIONS

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Tran Date	Post Date	Reference Number	Transaction Description	Amount
03/15	03/15	7533700EVDY0ATRV7	FORMOSA RESTAURANT LADSON SC	\$39.65 ✓

NOTICE: See reverse side of page 1 for important information.

5106 0001 JRH 001 7 5 180409 0

PAGE 1 of 2

10 1485 0000 BSI 01AB5106

11825

FARMERS AND MERCHANTS BANK OF SC  
PO BOX 723847  
ATLANTA GA 31139-0847



Account Number: XXXX XXXX XXXX 0139  
New Balance: \$39.65  
Minimum Payment Due: \$10.00  
Payment Due Date: May 4, 2018

Please complete and enclose the bottom portion for proper credit.

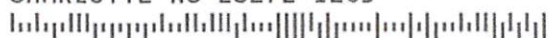
Amount Enclosed: \$

☐ Indicate name or address change on reverse side and check here.

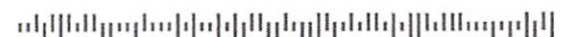
Payments received at other than the address shown on the front of this statement may be subject to a delay in crediting of up to 5 days after the date of receipt.

Make Check Payable to:

CARD SERVICES CENTER  
PO BOX 71205  
CHARLOTTE NC 28272-1205



S DUANE LEWIS 11825  
BERKELEY CO SHER DEPT H202  
PO BOX 6122  
MONCK'S CORNER SC 29461-6120



559494006140013900001000000039654



S DUANE LEWIS

Account Number: XXXX XXXX XXXX

**INTEREST CHARGE CALCULATION**

Your Annual Percentage Rate (APR) is the annual interest rate on your account

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CARD SERVICES CENTER

PO BOX 71205

CHARLOTTE, NC 28272-1205

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NOTICE: See reverse side of page 1 for important information.



FURMUSA RESTAURANT  
650 COLLEGE PK RD UNIT  
LADSON, SC 29456  
843-569-3399

Meeting with  
Chit Newsome  
Chit Cummings

TERMINAL ID.: 27020131912502

MASTERCARD  
\*\*\*\*\* EXP: \*\*/\*\* SWIPED  
SALE  
BATCH: 001071 INU: 000003  
Mar 15, 18 18:45  
RRN: 10710003 AUTH: 015412

TRN REF#: KCBC4FC100315

APPROVED

SALE AMT \$34.60

TIP \$ 5.00

TOTAL \$ 39.65

S DUANE LEWIS

THANK YOU  
PLEASE COME AGAIN

CUSTOMER COPY

See Back